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ABSTRACT

This syllabus on substance abuse education, a resource for third, fourth and fifth grade teachers, focuses on concepts pertaining to the proper use, history and effects of various drug products. The development of proper health attitudes and practices is emphasized. Content areas and suggested learning activities are included in teaching outlines for each of seven concepts. A list of resources, including books, pamphlets, films, agencies and supplementary teaching suggestions is appended. (JCD)

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Detroit Public Schools
Department of Curriculum Development and Services
Health, Physical Education and Safety

SUBSTANCE ABUSE EDUCATION SYLLABUS

GRADES 3-4-5

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INTRODUCTION

In the early years of a child's school experience, emphasis should be placed on the total health approach; the social, physical and intellectual wellbeing of the student. As these are the formative years, it is at this time that attitudes must be developed to serve as a basis for understanding, respecting and appreciating the role of drugs in one's life and those agents they are directed against; how these agents are spread through the body; and that a clean healthy body can more easily combat such agents. It also should be recognized that medicines and drugs are all potentially dangerous when misused.

Emphasis has been placed in this guide upon positive approaches to education in proper use of drugs. Experts agree that the "scare" tactic is ineffective and is an outmoded method of teaching about drugs. For this reason, this guide attempts to present facts in a positive manner designed to develop appreciation for the benefits of drugs and a healthy respect for their beneficial or harmful potential.

This guide also stresses improved communications between adults and children, decision-making experiences and efforts toward helping young people gain respect for themselves and for others as they develop a positive attitude towards life.

SOME BASIC PREMISES

This syllabus on substance abuse education is intended as a resource for teachers in the third, fourth and fifth grades. It contains information and references to assist in providing appropriate learning experiences for children in this crucial area.

Many different areas of information are provided; however, it is not intended that all activities be utilized. The teacher, understanding the needs of his/her pupils, should feel free to choose the subject matter and materials which meet a particular situation.

The teacher's role is one of prevention, to familiarize pupils, making them aware of this subject area to build a basis in human values. In teaching about substances and substance abuse, we must avoid lecturing and moralizing and should not use fear and scare tactics.

The concepts are not only about drugs and substances but about people, building proper attitudes, teaching decision making, working from the concepts and appreciation of the human body.

The major purpose of this approach is to teach young people how to live in this society, which is so drug oriented, so they will be able to grow up to be happy, healthy and less vulnerable.

Substance Use and Abuse

Grades 3-4-5

OBJECTIVES

1. To know and understand that drug products, household substances and environmental factors affect health. (Grade 3)

2. To make wise decisions and choices that contribute to good health. (Grade 3)

3. To recognize that health can be affected by many factors. (Grade 3)

4. To know that drugs come from several sources; to appreciate their long history of use and misuse. (Grade 4)

5. To understand the difference between prescription and non-prescription medicines. (Grade 4)

6. To know that many widely-used substances contain drugs. (Grade 4)

7. To identify the potential dangers of tobacco as related to lung, oral and respiratory problems. Explain why tobacco is a serious risk to health (Grade 5)

8. To understand what alcohol is; how it is used commercially and how it is abused; how it reacts in the body; and how it affects health and society. (Grade 5)

CONCEPT I: ALL DRUG PRODUCTS AFFECT HEALTH IN SOME WAY.

A. Content and understandings

1. Common household products have many good uses and should not be misused:

   a. Solvents
   b. Disinfectants
   c. Soaps and detergents
   d. Paint
   e. Paste and glue
   f. Cosmetics
   g. Shoe polish
   h. Fertilizer
   i. Insecticides
   j. Gasoline
   k. Lye, spot remover
   l. Rat poison

2. Introduce the sign of the skull and crossbones to the students.

3. Poisons are substances which are harmful to life and poisonous reactions may come as a result of contact or use of certain plants:

   a. House plants
   b. Certain berries
   c. Certain mushrooms
   d. Poison ivy
   e. Plants with thorns or burrs
   f. Certain roots, barks, leaves and flowers
   g. Saw grass, oleander

4. Other products sometimes found in the home may affect health:

   a. Alcoholic beverages
   b. Tobacco

5. Some substances that may cause irritation, allergy, asthma, etc., if inhaled:

   a. Smoke
   b. Pollen
   c. Dust
   d. Mold

6. Many essential choices which affect the health and behavior of children:

   a. Food
   b. Clothing
   c. Play
   d. Work
   e. Friends
   f. Health products
   g. Habits
   h. Toys
   i. Cleanliness

7. Discussion of medicines and drugs used by the family and found in a common medicine cabinet should be developed with the students.

8. Medicines with special appeal for young children, i.e., candy-flavored medicines such as children's aspirin, chewable vitamins, antibiotics and cough syrups.

9. Friends influence decisions and choice:

   a. Activities, work and play
   b. Attitudes
   c. Behavior
   d. Speech
   e. Habits
   f. Food
   g. Style (clothing)

10. Health means a variety of benefits:

   a. Absences of illness
   b. A sense of wellbeing
   c. Sufficient energy to work and play
   d. Ability to work and play effectively with others
   e. Enjoyment of friends and surroundings
   f. Graceful acceptance of failure--good sportsmanship

11. A variety of people have an influence on health:

   a. Oneself
   b. Parents or guardians
   c. Physician
   d. Nurse
   e. Pharmacist
   f. Dentist
   g. Teacher, principal
   h. Policeman
   i. Fireman
   j. Friends
   k. Relatives
   1. Scientist

B. Suggested learning experiences and activities

1. Emphasize and discuss how household products may be helpful when properly used, or may be fire and health hazards when improperly used.

2. List products on chalkboard. Define each term, using pictures of each item to assist in identification.

3. Show a variety of warning labels and discuss their meaning.

4. Relate the sign of the skull and crossbones to other danger signs in life. Examples:

   a. Railroad crossings
   b. Stop signs
   c. Stop-and-go lights, etc.

5. Invite a representative from the Poison Control Center at Children's Hospital to make a presentation.

6. Discuss how allergies affect an individual.

7. Dramatize making wise choices, i.e., when buying food and health products, selecting toys, choosing clothing suitable for the weather.

8. Emphasize to the students that medicines and drugs should not be taken unless they are taken with the consent of their doctor and/or parents.

9. Emphasize the use of the family medicine cabinet and its purpose.

10. Discuss the resemblance that many medicines and drugs have to candy. Children should never ingest any substances that are foreign to them.

11. Role-play how to choose sides to play games. Select a different friend each time. Think why you make the choice.

12. Discuss the meaning of good health and ways to protect it.

13. Compare activities of a person in good health with one who is ill.

14. Exchange ideas on how to work and play with others; magic circle concept.

15. Role-play a situation where children are playing hospital and one child suggests they take some pills from the medicine cabinet. Discuss dangers involved.

CONCEPT II: DRUGS HAVE BEEN USED FOR THOUSANDS OF YEARS AND COME FROM MANY SOURCES. (Grade 4)

A. Content and understandings

1. The history of drugs may be divided into three parts:

   a. Discovery
   b. Early use
   c. Modern use

2. There are four main sources of drugs

   a. Plants
   b. Animals
   c. Minerals
   d. Laboratory (synthetic)

3. Early use of drugs was associated with magic, religion, hypnotism and anesthesia.

4. Ancient cultures developed pain-relieving drugs from plants.

5. Sleep-producing drugs (anesthetics) have been known to man since 400 B.C. but were not used in surgery until the 19th century.

6. A number of drugs in use today were discovered and used by primitive people, i.e., curare was used by natives who placed the drug on the tip of their arrows and darts to paralyze the game they hunted.

7. Primitive people also used drugs to induce a state of intoxication during religious rites.

8. Early man learned about drugs through experience; some proved to be poisonous, some helpful and others produced lifelong addiction.

9. Early man made his own medicine from plants called herbs.

10. The Purple Foxglove plant's leaves contain a drug called digitalis used for heart ailments.

11. Insulin, used in the treatment of diabetes, is prepared from the pancreas of cattle, hogs and sheep. Discuss etiology of diabetes.

12. Cortisone, produced from the bile of cattle, is used to fight asthma, arthritis, allergic conditions, infections and disorders of the eyes and skin.

13. People who are anemic use drugs that contain iron.

14. Dietary supplements such as vitamins and minerals are drugs.

B. Suggested learning experiences and activities

1. List examples of drugs derived directly from plants, animals and minerals and those that are synthetic.

2. Have students discuss and research the early uses of drugs.

3. Have students give information on some of the early promotional efforts that are carried in modern world.

4. Ask a physician, pharmacist, nurse, etc., to discuss how treatment with modern drugs affects illness.

5. Using the dictionary, look up such words as synthetic, generic, herbs, digitalis, insulin, pancreas, cortisone, bile, anemia, allergy. infection, etc.

CONCEPT III: DRUGS AS MEDICINES HAVE MANY USES, ALONG WITH THE POTENTIAL FOR PRODUCING BOTH GOOD AND HARMFUL EFFECTS.

A. Content and understandings

1. Drugs as medicines have many uses and when used properly are of value to mankind:

   a. Relieving pain
   b. Fighting disease
   c. Preventing disease
   d. Helping the body work
   e. Altering moods
   f. Modifying behavior

2. Drugs have many effects on people and should be used with caution.

B. Suggested learning experiences and activities

1. Students discuss diseases that were once prevalent but are now almost non-existent because of medicines, i.e., smallpox, diptheria, poliomyelitis, etc.

2. Research information concerning certain bacteria-fighting drugs such as the sulfa drugs, antibiotics, vitamins.

3. Discuss the fact that the same drug may affect different people in different ways.

4. Have students prepare reports on the lives of famous health scientists who have discovered life-saving drugs.

5. Discuss information needed by a doctor before prescribing medicine, i.e., age, height / weight, sex, etc.

6. Discuss the difference between drugs that are sold "over the counter" and those that are sold by prescription only.

CONCEPT IV: MANY WIDELY-KNOWN SUBSTANCES CONTAIN DRUGS.

A. Content and understandings

1. Substances that contain drugs that are commonly overused:

   a. Coffee (caffeine)
   b. Tobacco (nicotine)
   c. Alcohol

2. Research has shown that smoking is a very dangerous practice and may lead to serious health problems:

   a. Speeds heartbeat
   b. Raises blood pressure
   c. Irritation of respiratory and digestive systems.
   d. Contributes to emphysema, bronchitis and lung cancer
   e. Coughing
   f. Offensive tobacco breath
   g. Can also create fire hazard

3. Alcohol is present in several common beverages, i.e., wine, beer, whiskey, gin, rum, vodka and brandy.

4. Alcohol may cause damage to the digestive, respiratory, urinary and nervous systems.

5. Alcohol may affect the user in many of the following areas:

   a. Judgment
   b. Vision and hearing
   c. Speech
   d. Memory
   e. Coordination
   f. Breathing and heart rate increase
   g. Social behavior

6. Caffeine is a mild stimulant found in tea, coffee and cola drinks.

B. Suggested learning experiences and activities

1. Study the history of tobacco, its discovery and early use.

2. Discuss why people smoke and how they started.

3. Discuss the difficulty of breaking the smoking habit.

4. Draw a diagram of the respiratory system, listing the parts of the system that may be affected by smoking.

5. Examine the warnings on cigarette packages and discuss.

6. Discuss the current status of restrictions on cigarette advertising.

7. Discuss how and why smoking in bed is dangerous.

8. Compute the daily, weekly and annual cost of cigarettes for one who smokes one pack a day; two packs a day.

9. Study the history of alcoholic beverages, their early use and modern use.

10. Discuss the "temperance societies," "Prohibition Party," and "Prohibition."

11. Have students research the two processes involved in the making of alcoholic beverages:

    a. Fermentation
    b. Distillation

12. Discuss the meanings of abstinence; social drinking; drinking in moderation; intoxication and alcoholism.

13. Draw a diagram of the respirary and digestive systems, listing parts of the system that may become affected by alcohol consumption.

14. Evaluate alcohol as a food.

15. Evaluate coffee as a food. Discuss why so many people drink it.

CONCEPT V: OUR BODY SYSTEMS ARE ALL INTERDEPENDENT AND INTER-RELATED. EACH SYSTEM IS MADE UP OF ORGANS AND COMPOSED OF TISSUES WHICH, IN TURN, ARE MADE UP OF CELLS.

A. Content and understandings

1. The systems carrying out life processes in humans are:

   a. Skeletal
   b. Musculature
   c. Nervous
   d. Digestive
   e. Circulatory
   f. Respiratory
   g. Endocrine (or glandular)
   h. Sense organs
   i. Urino-genital (or reproductive)
   j. Skin and hair (not a system, but an organ)

2. Every substance taken into the body enters into the complex functioning of the body.

   a. Included are non-food household substances such as:

      (1) Volatile chemicals, i.e., airplane glue, gasoline, cleaning fluids, etc.
      (2) Insect poisons
      (3) Detergents
      (4) Medicines and drugs, i.e., diet pills, aspirin, sleeping pills, laxatives

   b. Means of entering the body may be by:

      (1) Swallowing
      (2) Inhaling fumes
      (3) Skin absorption

   c. Toxins carried to vital organs by the blood produce serious and often permanent damage to many parts of the body, including the brain, heart, liver and kidneys.

CONCEPT VI: WHEN PROPERLY CARED FOR, THE BODY SYSTEM FUNCTIONS WELL, RESULTING IN HEALTHY, SOUND LIVING. MEDICINES CAN HELP US LEAD LONGER AND HEALTHIER LIVES WHEN USED WITH CARE AND UNDER A DOCTOR'S SUPERVISION.

A. Content and understandings

1. Examples of medicines contributing to our well-being

   a. Antibiotics and sulfas fight disease and infection.

   b. Insulin is used in the treatment of diabetes.

   c. Antiseptics help prevent infection.

   d. Analgesics relieve pain.

   e. Antihistamines help to relieve allergic reactions.

B. Suggested learning experiences and activities

1. Form small committees and assign each a body system to research and organize material to present to the class.

2. Draw models or diagrams of the body's systems showing how non-food substances reach such organs as the heart, brain, kidneys and liver.

3. Discuss how substances entering the body are carried in the bloodstream throughout the body.

4. Make a chart listing modern medicines and their uses.

5. Discuss how penicillin, insulin and Salk vaccines were discovered and developed.

6. Bring articles to classroom from newspapers and magazines telling of the misuse of medicines and drugs.

7. Make illustrated booklets containing information on medicine research today and in the past, i.e., articles, pictures, diagrams and charts about medicines and their use.

CONCEPT VII: MANY PUBLIC AGENCIES, FEDERAL, STATE AND LOCAL, ARE CONCERNED WITH ASSISTING US IN KEEPING WELL.

A. Content and understandings

1. Federal health services:

   a. Prevent interstate spread of disease
   b. Set standards for and inspect food, drugs, cosmetics
   c. Carry on medical research
   d. Operate hospitals for drug addicts
   e. Distribute certain vaccines and serums
   f. Encourage improved nutritional and physical conditioning among school children

2. State health departments:

   a. Enforce regulations for control of disease
   b. Enforce sanitary living condition regulations
   c. Inspect dairies and food-processing plants
   d. Provide health laboratory services
   e. Care for tuberculin-ill and mentally-ill people
   f. Distribute to the public free leaflets on health problems

3. Local health departments:

   a. Test drinking water
   b. Enforce sanitation laws
   c. Enforce communicable disease regulations
   d. Inspect restaurants, dairies, farms and bakeries
   e. Regulate garbage and sewage disposal
   f. Provide immunization and clinic services
   g. Keep records of diseases, births, marriages and deaths

4. Food and Drug Administration (a federal agency) sets standards and inspects both patent and prescription medicines for purity, efficiency and safety. Labels on medicine containers must give information regarding:

   a. Name and description
   b. Recommended dosage
   c. Duration for administering drug
   d. Possible effects and side effects
   e. Warnings (if habit forming)
   f. Conditions under which drug should not be taken

B. Suggested learning experiences and activities

1. Plan to visit the city health department. Have an official discuss the operation of his office with the class.

2. Write to the state department of health for information on health and medicines.

3. Write to the Federal Food and Drug Administration for information on health and medicines.

RESOURCES

Textbooks

Health and Growth, Scott Foresman - Book 3
Health and Growth, Scott Foresman - Book 4
Health and Growth, Scott Foresman - Book 5

You and Your Health, Scott Foresman - Book 3
You and Your Health, Scott Foresman - Book 4
You and Your Health, Scott Foresman - Book 5

Books

Values and Teaching, Rath, Harmin and Simon, Merrill Publishing Company, 300 Alum Creek, Columbus, Ohio 43216. $3.95

Drug Abuse, A Source Book and Guide for Teachers, California State Department of Education

Drug Abuse: Escape to Nowhere, A Guide for Educators, Smith, Kline and French Laboratories

Clarifying Values Through Subject Matter, Harmin, Kirschenbaum and Simon, Winston Press, 25 Groveland Terrace, Minneapolis, Minnesota 55403

Prevention in Perspective, Schaps, Cohen, Resnik, Prevention Materials Institute Press, Lafayette, California

Eleven Strategies, Schaps, Slimmon, Prevention Materials Institute Press, Lafayette, California

Booklets and Pamphlets

Katy's Coloring Book About Drugs and Health, Bureau of Narcotics and Dangerous Drugs, U.S. Government Printing Office, 1970, A403-666, Grade 3 (Free)

The Poison Game and Activity Book, Academy of Medicines of Cleveland, Poison Information Center, 10525 Carnegie Avenue, Cleveland, Ohio 44106, Grade 3

Drugs and You, Channing L. Bete Company, Courtesy of Kiwanis International

Dennis The Menace Takes a Poke at Poison, U.S. Government Printing Office, Washington, D.C.

Answering the Most Often Asked Questions About Cigarette Smoking and Lung Cancer, American Cancer Society

Here is the Evidence, You Be the Judge, Tuberculosis and Health Society

Smoking and Heart Disease, Michigan Heart Association

Over-the-Counter Drugs, Michigan Department of Public Health, 3500 N. Logan Street, Lansing, Michigan 48914 (Free)

A New Look at Poisonous Plants, Southeastern Michigan Council on Emergency Medical Services, 1 Northland Drive Building, 16900 W. Eight Mile Road, Southfield, Michigan 48075

Films

Available in Detroit Public Schools Audio-Visual Aids Library:

Children at Play with Poison	S4451
Danger, Poison	S9700
Health, You and Your Helpers	S95
Youth Health and Poison Prevention	S2745
Your Friend the Doctor	S9529
Let's Play Fair	S4712
Mask for Me, Mask for You	S9777
Finding Your Way to School Safely	S4560
Little Engine That Could	S562
Drugs: The First Decision	S5165
Alcohol: How Much Is Too Much?	S1158
Smoking and Health: A Report to Youth	S5072
Drugs: Use or Abuse	S5072
Drugs; a Primary Film	S4960

Available from Wayne County Intermediate School District, Project DARTE, 33500 Van Born Road, Wayne, Michigan 48184 (Phone 326-9300 or 274-6000):

The Tobacco Problem: What Do You Think?
A Fable
Cipher in the Snow
Dealing with Discipline Problems
I Think
The Alcohol Problem: What Do You Think?
Alcohol: Pink Elephant

Filmstrips

Available in Detroit Public Schools Audio-Visual Aids Library:

Doctor	F774
Health Helpers	F1854
Home Safety	F199
Play Safe	F570
We Visit the Doctor	F1894
We Make Safety Rules	F1891
Tobacco, History and Background	F3736

Agencies

DARTE (Drug Abuse Reduction Through Education), Wayne County Intermediate School District, 33500 Van Born Road, Wayne, Michigan 48184

Wayne County Office of Substance Abuse Services, 500 Kales Building, 76 W. Adams, Detroit, Michigan 48226

Poison Control Center, Children's Hospital of Michigan, 3901 Beaubien, Detroit, Michigan 48201

Cunningham Committee Against Drug Abuse, 1927 Twelfth Street, Detroit, Michigan 48216

Detroit Health Department, NSD Drug Treatment Center, 5031 Grandy, Detroit, Michigan 48211

National Council on Alcoholism-Greater Detroit Area, 1800 Kales Building, 76 West Adams, Detroit, Michigan 48226

NARCO (Narcotics Addiction Rehabilitation Coordinating Organization), 1310 Kales Building, 76 W. Adams, Detroit, Michigan 48226

SUPPLEMENTARY TEACHING SUGGESTIONS

Principally for Grades 3 and 4

1. Discussion game, "Just Suppose"

   a. Object: To develop sound judgment; how to act if confronted with an unsafe situation

   b. Procedure: Teacher presents "just suppose" stories such as the following, and then calls upon individual children to tell what they would do. As experience with the game develops, understanding increases. Some children may substitute for the teacher in presenting "just suppose" episodes.

      (1) Suppose you were playing in your home and you found a box of pills or a bottle of medicine open on the table. What would you do? Tell why.

      (2) Suppose a playmate offered you something to eat or drink, but you were not sure what it was. What would you do?

      (3) Suppose you found baby brother or sister chewing on something but he wouldn't open his mouth to let you see what it was, and there was an open box of pills beside him. What would you think? What would you do? Why?

2. Dramatic play

   a. Procedure: Teacher reads the story to the pupils. Then they act out the parts. Choose different children to play in each episode. Pantomime may be used without props; however, such simple objects as a toy telephone, bottle or spoon may be used.

      (1) Dennis has a little sister named Prue. One day Prue got sick. Mother took her temperature. Then Mother went to phone the doctor.

      (2) The doctor came to see Prue. He said Prue must have some medicine. He wrote out a prescription.

      (3) Dennis went with his father to the drugstore to have the prescription filled. His father gave the prescription to the pharmacist. The pharmacist read the prescription. Then he mixed the medicine in a dish and poured it into a bottle.

(4) "This medicine is meant for Prue," the druggist said. "It was made just for her to make her well. It is not good for anyone else. It might even make another child sick." "I won't touch it," Dennis promised. "You must never touch any medicine, even if it was mixed espeically for you, unless mother or father are with you," the druggist said. Then the druggist put a label on the bottle to tell just how much medicine Prue should take, and when she should take it.

(5) When Dennis and his father reached home, mother looked at the bottle of medicine very carefully before she opened it. "I must be careful to give Prue just the amount it says on the label," mother said. "Will you get me a clean teaspoon, Dennis?"

(6) Dennis gave his mother a clean teaspoon. She measured the medicine and gave it to Prue. Prue made a face but she swallowed it because she knew it would make her well.

(7) Mother looked at the clock. "The label says I should give Prue some more medicine in one hour. It is two o'clock now." She held up two fingers. "When will it be time to give Prue her medicine again?" Dennis held up three fingers. "At three o'clock," he said. I will watch the clock and tell you. May I put the medicine away?" "No," said mother, "It is good of you to offer but children should never touch medicine. I will put it in the medicine cabinet where it belongs and lock it up until we need it again." And she did.

(8) At three o'clock Dennis called mother and she took the medicine out of the cabinet and gave Prue another spoonful. Just then the telephone rang. Mother heard the phone but didn't pay any attention to it. Instead, she put the medicine in the cabinet and locked it up before answering. "It is most important to put the medicine away before answering the phone," she said. "Dennis, would you answer the phone for me?" Dennis answered the phone saying, "Mother will come in a minute; She is putting the medicine away."

As soon as Prue was well, mother took her medicine and poured what was left of it into the toilet. Then she flushed the bowl, washed the bottle carefully, and put it in the trash can. "Why did you do that?" asked Dennis. "There was some left. I could have used it if I got sick." "Oh, no," said mother. "You would have your own medicine if you got sick. It is not safe for one person to take another person's medicine." Then she hugged Dennis. "But we hope you'll never be sick," she said. Dennis hoped so, too.

3. Completing unfinished stories

   a. Purpose: To develop individual ability to recognize potentially dangerous situations in relation to poisonous substances.

   b. Procedure: Incomplete short stories, based on poison prevention themes, may be used as the basis for reading, writing or oral discussions. The children tell the ending, then go to their seats to illustrate the story. The children may be asked to write an ending to the story. Third grade pupils may use the story as a reading lesson if it is duplicated so that each child has his own copy. These children might write an ending, draw illustrations and combine the three communication forms in a booklet to be kept in the class library for re-reading.

   The following is a sample story:

Grandma Periwinckle

Grandma Periwinckle has not been feeling too well lately. She went to see her doctor. He prescribed some medicine which she took to the pharmacist at the drugstore. She went back to the pharmacy a few hours later and picked up the pills. She read the label which said, "Take two every four hours." Also printed on the label was "CAUTION: KEEP OUT OF REACH OF CHILDREN." Grandma Periwinckle put the pills in her purse and went home. Just as she arrived at the door, her little grandson, Jeffrey, came around the corner with his mother. Grandma Periwinckle went into the bedroom where she took off her coat and put it, along with her purse, on the bed. She then returned to the living room to talk to Jeffrey's mother. Usually, Grandma Periwinckle is very careful to keep all her medicines and household products on high shelves because, even though she has no small children of her own, Jeffrey and his friends visit her quite often. She always warns the children never to put anything into their mouths without asking first. But this time she forgot that purses containing medicines should also be put out of children's reach. As she was talking in the living room, little Jeffrey walked into the bedroom and emptied her purse. Along with her cosmetics, her change and her handkerchief, he found the bottle of pills. Tell what happened then.

* Suggestions for Educators

Drug abuse is many things. It is the heroin user injecting his bag of H, the methedrine user high on "speed," the teenager smoking "pot," the 12-year-old sniffing model airplane glue. But it is also the adult starting his day with an amphetamine for a needed "pick-me-up" and ending it with several drinks to "unwind" and a barbiturate to put him to sleep.

The problem of drug abuse reaches deeply into our values, aspirations and fears. It is an emotionally-charged area for almost all of us. Drug abuse is a serious, growing problem here and in many other countries as well and teachers are increasingly being called upon to do something about it. They face the difficult task of deciding just what and how to teach about drugs.

Certainly no single article, pamphlet, book or film can enable teachers to be effective. There is much still to be learned about the problem of drug abuse and particularly about how to be more effective in discouraging it. Establishing an atmosphere conductive to good communication between teachers and students is of basic importance. This article contains some hints that have proven helpful in communicating with youngsters who are thinking about drugs or have already experimented with them. It is only a very elementary introduction to ways in which teachers can strengthen relationships of trust and understanding with students in this highly-charged area, and open up dialogue and discussion which is far more likely to influence young attitudes and behavior than the lectures and sermons that have all too often marked the crusade against drugs.

Some concrete suggestions:

Avoid panic. Teachers are in a particularly good position to encourage parents, students and the community to remain level-headed about drug use. Drug abuse, like other forms of behavior, may have varying causes. For some, it may represent ill-advised experimentation; for others it may indicate serious psychological problems. If a teacher has reason to believe that one of his students is experiencing serious emotional difficulties, consultation should be sought with the school counselor and a conference arranged with the parents with a view to obtaining professional help for the youngster.

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*This article was written by Dr. Robert C. Peterson, Ph.D., Chief, Center for Studies of Narcotics and Drug Abuse, National Institute of Mental Health, in cooperation with the staff of Today's Education. It is one of a series of publications planned by NIMH to help teachers deal more effectively with information on substance abuse.

Some types of behavior that may be associated with serious problems include loss of interest in school and social relationships with others, marked alteration in behavior, deterioration in physical and personal appearance and the development of problems in dealing with school and parents. Since the reasons for drug use vary widely, so must the approaches to individual students.

While the teacher can play a role in referring suspected problems to the proper authorities, a panic-expressed reaction either to the student or to a parent can serve only to alienate the student further and to confuse what should be straight forward, objective and professional action if the student needs help.

Keep the lines of communication open. Encouraging an atmosphere in which the student feels free to confide in parents and teachers and to discuss his concerns is an important first step. Obviously, the size of present classes often makes personal contact difficult. At the same time, if the student realizes that his parents and teachers are making a genuine effort to understand his point of view, this realization is likely to help him in the process of growing up. Although it is sometimes difficult, it is important to avoid being moralistic and judgmental in talking about drugs and drug users.

Many adults, including teachers, feel uncomfortable and defensive about discussing drugs with teenagers. This is sometimes due to awareness of their own inconsistencies in the use of everyday substances like tobacco and alcohol. Nevertheless, there are good and convincing arguments against the use of drugs which can be stated in terms that are persuasive to youth. For example, some teenagers see the use of drugs as one way of developing heightened self-awareness or of enhancing their inner freedom. Pointing out the difficulty of achieving these goals if they become drug-dependent may help them realize the fallacy of this viewpoint. Similarly, if young people are to improve the society of which they are critical, they can only do so by remaining a part of it rather than by chemically "copping out."

Avoid scare techniques. Use of sensational accounts or scare techniques in trying to discourage drug experimentation is usually ineffective because the teenager's direct knowledge frequently contradicts them. Teenagers are demanding and are entitled to honest and accurate answers. Given the facts, youngsters often quickly respond. The apparent decline in LSD usage, for example, is believed to be related to the well-publicized reports of possible adverse psychological and potential biological hazards.

It is impossible to eliminate or legislate away all possible substances of abuse. The individual decides for himself whether to use or not to use drugs. To be effective, prevention ultimately must be based on each student's decision not to use drugs because they are incompatible with his personal goals. Emphasizing that no authority, whether school official or police officer, can make the ultimate decision for him may help the youngster clarify his personal responsibility. It may also help to reduce the adolescent tendency to view drug abuse as an act of rebellion.

Because the abuse of drugs frequently carries with it heavy legal penalties, it is important that youngsters be aware of the possible long-term results of their behavior. While this should not be the primary emphasis, the legal and social implications over a lifetime should be indicated as two of the essential factors to be taken into consideration in any decision to use or not use drugs. Some young people, feeling keenly that certain drug laws are unjust, advocate violating them. Thoughtful discussion of the implications of such violation and of whether the use of drugs is sufficiently important to them to justify such extreme measures may be helpful.

Avoid creating an atmosphere of distrust and suspicion. Like many parents, some teachers, anxious to discourage drug abuse, are likely to assume that any departure from the preferred styles and customs of the majority is indicative of drug abuse. Youngsters who have tried or are using drugs come in all sizes and shapes--with short as well as long hair--and conventional clothes as well as eccentric dress.....so do those who don't use drugs.

By equating unconventional appearance with drug abuse, we may encourage the very behavior we're trying to avoid. At a minimum, the youngster is likely to feel that the conventional world is completely opposed to any originality or creativity that does not fit a common mold and that the price of acceptance is complete conformity. While his external appearance may conform to the norm, there is no assurance that drug abuse will not become his private mode of rebellion.

Since the problem of teenage drug abuse embraces a wider range of substances than those prohibited by law, even an attitude of active suspicion and continuous surveillance, were that possible, would not eliminate the problem. It would, however, almost certainly destroy the climate of trust and confidence essential to the intergenerational communication that is desirable in preventing abuse.

Avoid drug stereotypes. Many of us, when we think about the drug misuser, immediately think of some more or less vague stereotype of the "addict." Similarly, we often tend to think of all the misused drugs as being generally alike. Nothing could be further from the truth. Present evidence suggests that the vast majority of youngsters who experiment with marijuana, the most popular illegal drug of abuse, do so on a one-time, experimental basis.

Drugs differ widely in their chemical composition and, more importantly, perhaps, in their effects, depending upon the personality of the user and the circumstances of use. The person who misuses drugs may vary from the one-time user experimenting out of curiosity to the chronic, heavy user who is psychologically dependent on a drug. While some types of drug misuse may be fairly apparent even to the untrained observer, other types may be so subtle as to escape the detection of even the expert.

Although some drug users go on to the use of more potent types of drugs, many others do not. Just why some users become dependent on particular drugs and others do not is not very clearly understood. It may be related to personality development but physiological factors may also play a role. While a physical dependency on the drug plays some role, psychological dependence appears to be more important. Physical dependence on heroin, for example, can be cured in a relatively short time; yet the heroine addict has a very difficult time avoiding using the drug again upon discharge from treatment.

Be well-informed yourself about drugs. Much information is available about the drug problem, some of it accurate and useful. But unfortunately, much of what is published tends to be overdramatized and frequently inaccurate.

Much of the controversy over the effects of marijuana and its control, for example, results from overinterpretation or misinterpretation of what little data are presently available. Drug use advocates frequently use the scarcity of scientifically reliable information as a basis for arguing that marijuana and other drugs are harmless. The absence of complete agreement based on reliable evidence that a substance is harmful does not, of course, demonstrate its harmlessness. Often, relatively long-term use of a substance is required before its public health implications are apparent. Cigarette smoking provides an obvious and apt example. While American experience with marijuana is of relatively short duration, foreign research studies, though often difficult to interpret, suggest that long-term use of marijuana may be detrimental to the health of the users.

A discussion of the implications of various social policies regarding marijuana and public health is one approach that may enable you to reach your students. The social problems of adding another intoxicant of unknown long-range implications to our present difficulties with alcohol may be the subject of profitable discussion. Another topic which might stimulate good discussions among intelligent youngsters and their teachers is the problem of allowing a harmful drug to become popular and then subsequently making it illegal. It might also be productive to discuss some of the originally unsuspected deleterious effects of drugs, such as the birth defects resulting from use of Thalidomide.

Use drug education materials as a springboard to discussion. Even good films, pamphlets and other materials need to be made personally relevant to students. This can usually be done best through discussion. As teachers skilled in classroom discussion are well aware, much of the art of effective discussion requires that the teacher be a thoughtful and responsive listener as well as a catalyst.

The arguments (often heated) of the student who advocates use of drugs deserves a hearing and, when appropriate, a considered rebuttal. Often a teenager's apparent conviction masks considerable uncertainty about the worth of his arguments which are frequently offered to test their validity and/or the honesty of the teacher. Summarily rejecting the advocate's points may alter his classroom verbal behavior but it is unlikely to change his thinking. The most probable result of an arbitrary "put down" will be to convince the youngster that adult objections to drug use are merely prejudices.

A student-run discussion on prevention of drug abuse may be even more effective. Teenagers are frequently far more responsive to the mores and values of their own group than they are to the values of the adult world. Former drug abusers can often be highly effective in communicating with a student group where they can "tell it like it is."

Use by teachers and parents of alcohol and tobacco is of more than casual interest to the teenagers. All too often this is the thrust of their argument in favor of marijuana. In addition, the problem of compulsive overeating can readily serve to illustrate the highly-persistent nature of habitual behavior despite strong rational grounds for change.

As adults, we can also serve to demonstrate that it is possible to live an involved, truly meaningful life without the use of chemical substances to add meaning or excitement. The adult who is himself "turned on" by life without recourse to drugs is one of the best advertisements for that type of life.

Alternatives to drug use:

Youngsters who find satisfaction in other activities are less likely to find regular use of drugs appealing. Aware of this, the teacher may open up for individual or classroom discussion, ways in which students are or can become involved in activities that have personal meaning for them.

Many young people, while attempting to appear blase or uninvolved, feel keenly the problems of our contemporary world; and opportunities for active involvement, such as work with a political party or a program for slum children, might be encouraged. While a strong interest in other activities may not deter a student from experimenting with drugs, he is less likely to adopt habitual drug use if he feels "turned on" by shared and constructive human experiences.

Adolescence is a lonely time for many youngsters. The teenager who is unable to find his place in some orthodox group sometimes turns to drug use as a means of finding a kind of group acceptance. The student who is isolated from others or having more than the usual difficulties in gaining acceptance will sometimes respond very well to a special interest shown by one of his teachers. Even when the teacher is unable to solve a problem, he may serve as a necessary bridge in helping the student get assistance from some specialized professional source. Particularly for the student with a poor home situation, a sympathetic teacher can provide a model of an understanding adult who has no need to escape into a state of drugged unreality.

Wherever possible, discussions of drug abuse should be integrated into the general curriculum rather than limited to a specific drug abuse unit or lecture.